

OFFICIAL RECORD  
Requested By:  
RON MAFRIG

A.P.N. # A ptn of 1319-30-644-068

RECORDING REQUESTED BY:

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-1007 PG- 3845 RPTT: 0.00

WHEN RECORDED MAIL TO:

Ron Mafrige, Sr.  
9219 Katy Freeway, Suite 188  
Houston, TX 77024



(Space Above For Recorder's Use Only)

### AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }  
                              } ss.  
COUNTY OF DOUGLAS }

Ron Mafrige, of legal age, being first duly sworn, deposes  
and says: That Linda Mafrige, the decedent mentioned in the attached  
certified copy of Certificate of Death, is the same person as Linda Mafrige  
named as one of the parties in that certain Grant Deed dated September 14, 2000  
executed by MAURICE P. CARRILLO, an unmarried man  
to RON MAFRIGE and LINDA MAFRIGE, husband and wife  
as joint tenants, recorded as Instrument No. 0500543, on September 29, 2000  
in Book 0900, Page 5889, of Official Records of DOUGLAS  
County, Nevada, covering the following described property situated in DOUGLAS  
County, State of Nevada:

**SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF**

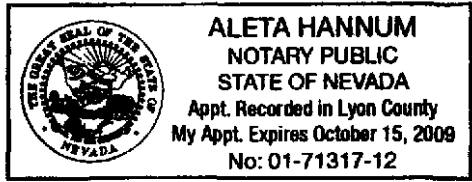
DATE:

  
Ron Mafrige

STATE OF Nevada }  
                              } ss.  
COUNTY OF DOUGLAS }

This instrument was acknowledged before me on September 26, 2007  
by, Ron Mafrige

Signature Aleta Hannum



Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

# CERTIFICATION OF VITAL RECORD

## CITY OF HOUSTON, TEXAS, USA

STATE OF TEXAS      CERTIFICATE OF DEATH      STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST <b>LINDA</b>			(b) MIDDLE <b>LEE</b>			(c) LAST <b>MAFRIGE</b>			(d) MAIDEN <b>HALLIDAY</b>			2. SEX <b>FEMALE</b>		3. DATE OF DEATH <b>MAY 20, 2003</b>			
4. DATE OF BIRTH <b>APRIL 21, 1940</b>				5. AGE (IN YEARS) <b>63</b>		IF UNDER 1 YR. MO.    DAYS		IF UNDER 1 DAY. HOURS    MIN.		6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) <b>WASHINGTON COURT HOUSE, OHIO</b>				7. SOCIAL SECURITY NO. <b>[REDACTED]</b>			
8. RACE <b>CAUCASIAN</b>				9a. WAS THE DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)				10. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+) <b>16</b>	
12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED				13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>RONALD PETER MAFRIGE</b>				14a. DECEASED'S USUAL OCCUPATION <b>PARTNER</b>				14b. KIND OF BUSINESS OR INDUSTRY <b>REAL ESTATE</b>					
15a. RESIDENCE STREET ADDRESS <b>2 PINWOOD CIRCLE</b>										15b. CITY OR TOWN <b>HOUSTON</b>							
15c. COUNTY <b>HARRIS</b>				15d. STATE <b>TEXAS</b>				15e. ZIP CODE <b>77024</b>				15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
16. FATHER'S NAME <b>CARROLL HALLIDAY</b>						17. MOTHER'S MAIDEN NAME <b>LOUISE FROST</b>											
18. PLACE OF DEATH (CHECK ONLY ONE) HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA    OTHER: <input type="checkbox"/> NURSING HOME <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)																	
19. COUNTY OF DEATH <b>HARRIS</b>				20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) <b>HOUSTON</b>				21. NAME OF HOSPITAL OR INSTITUTION (if not in institution, show street address) <b>2 PINWOOD CIRCLE</b>				22. INFORMANT - SIGNATURE & RELATIONSHIP <i>[Signature]</i> (HUSBAND)					
23. MAILING ADDRESS OF INFORMANT <b>2 PINWOOD CIRCLE - HOUSTON, TEXAS 77024</b>				24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)				25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) <b>MEMORIAL OAKS CEMETERY</b>				25b. Section "17" Block Lot <b>Estate 17 Extension</b> Space <b>2</b>					
25c. LOCATION (CITY, STATE) <b>HOUSTON, TEXAS</b>				27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>[Signature]</i>				28. DATE OF DISPOSITION <b>MAY 24, 2003</b>				29. NAME & ADDRESS OF FUNERAL HOME <b>Geo. H. Lewis &amp; Sons 1010 Bering Drive Houston, Texas 77057 713.789.3005</b>					
28. DATE OF DISPOSITION <b>MAY 24, 2003</b>				30. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> JUSTICE OF THE PEACE				31. SIGNATURE & TITLE OF CERTIFIER <i>[Signature]</i> MD				32. DATE SIGNED MO.    DAY    YEAR <b>05    22    03</b>					
31. SIGNATURE & TITLE OF CERTIFIER <i>[Signature]</i> MD				32. DATE SIGNED MO.    DAY    YEAR <b>05    22    03</b>				33. TIME OF DEATH <b>7:46 P.</b>				34. PRINTED NAME & ADDRESS OF CERTIFIER <b>Susan E. Krauter MD · 8811 Gaylord Suite 100 Houston TX 77024</b>					
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>Small cell lung cancer</b> Approximate Interval Between Onset and Death: <b>5 years</b> DUE TO (OR AS A LIKELY CONSEQUENCE OF):																	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST																	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.) <b>none</b>																	
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input checked="" type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input checked="" type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				39. WAS DECEASED PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK				36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED				41a. DATE OF INJURY		41b. TIME OF INJURY		41c. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)							
				41a. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)				41e. DESCRIBE HOW INJURY OCCURRED									
42a. REGISTRAR FILE NO. <b>J2 07575</b>				42b. DATE RECEIVED BY LOCAL REGISTRAR <b>MAY 27, 2003</b>				42c. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>									

Texas Department of Health - Bureau of Vital Statistics

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, (1989))

VS-112 REV. 9/95

EK- 1007  
PG- 3846  
Page: 2 of 3 10/15/2007  
0711125

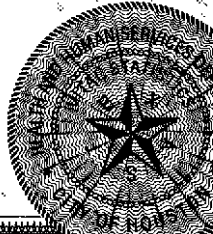
DATE ISSUED      **MAY 28 2003**

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code of Texas. This copy not valid without engraved border displaying seal and signature of the Registrar.

*[Signature]*  
Greg M. Hinson, Registrar  
BUREAU OF VITAL STATISTICS



1 0 0 1 8 6 7 8 7



**EXHIBIT "A"**

**(37)**

**An undivided 1/102<sup>nd</sup> interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106<sup>th</sup> interest in and to Lot 37 as shown on Tahoe Village Unit No. 3 - 13<sup>th</sup> Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 159 as shown and defined on said Condominium Plan; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded August 18, 1988, as Document No. 184461, as amended, and as described in the Recitation of Easements Affecting the Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in Lot 37 only, for one week every other year in the Odd -numbered years in the Prime "Season" as defined in and in accordance with said Declarations.**

**A Portion of APN: 1319-30-644-068**